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10/07/00Please type a plus sign (+) inside this box PTO/SB/05 (03-01)
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**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. M1885.0022/P022-B

First Inventor Carlo Dall'Aglio

Title APPARATUS FOR CHECKING THE DIAMETER . . .

Express Mail Label No.

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents

1. Fee Transmittal Form (e.g., PTO/SB/17)
 Submit an original, and a duplicate for fee processing
 2. Applicant claims small entity status
 3. Specification [Total Pages 19]

(preferred arrangement set forth below)

- Descriptive title of the invention
- Cross Reference to Related Applications
- Statement Regarding Fed sponsored R & D
- Reference to Prior Application(s), a table, or a computer program listing appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure

4. Drawing(s) (35 U.S.C. 113) [Total Sheets 7]

5. Oath or Declaration [Total Pages 5]

- a. Newly executed (original or copy)

- b. Copy from a prior application (37 CFR 1.63(d))
 (for continuation/divisional with Box 18 completed)

- i. DELETION OF INVENTOR(S)
 Signed statement attached deleting inventor(s) named in the prior application
 see 37 CFR 1.63(d)(2) and 1.33(b)

6. Application Data Sheet See 37 CFR 1.76

18. If a CONTINUATING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76

Continuation Divisional Continuation-in-part (CIP) of prior application No 09/533,784

Prior application information Examiner R. Gibson Group / Art Unit 2859

For CONTINUATION OR DIVISIONAL APPS only The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label		<input checked="" type="checkbox"/> Correspondence address below			
24998					
Name	DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP				
Address	2101 L Street, N.W.				
City	Washington	State	DC	Zip Code	20037-1526
Country	US	Telephone	202-785-9700	Fax	202-887-0689

Name (Print/Type)	Mark J. Thronson	Registration No (Attorney/Agent)	33,082
Signature		Date	June 7, 2001

FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 710.00)

Complete if Known	
Application Number	Not Yet Assigned
Filing Date	June 7, 2001
First Named Inventor	Carlo Dall'Aglio
Prior Examiner Name	R. Gibson
Prior Group Art Unit	2859
Attorney Docket No.	M1885.0022/P022-B

METHOD OF PAYMENT

- The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to

Deposit Account Number:

04-1073

Deposit Account Name:

Dickstein Shapiro Morin & Oshinsky LLP

 Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 Applicant claims small entity status. See 37 CFR 1.27

- Payment Enclosed

- Check Credit Card Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Code (\$)	Fee	Fee Code (\$)	Fee	Fee Description	Fee Paid
101	710	201	355	Utility filing fee	710.00		
106	320	206	160	Design filing fee			
107	490	207	245	Plant filing fee			
108	710	208	355	Reissue filing fee			
114	150	214	75	Provisional filing fee			
SUBTOTAL (1) (\$)			710.00				

2. EXTRA CLAIM FEES

Total Claims	17	-20** =	<input type="checkbox"/> 0	<input checked="" type="checkbox"/> X	=	Fee Paid
Independent Claims	2	-3** =	<input type="checkbox"/> 0	<input checked="" type="checkbox"/> X	=	
Multiple Dependent						

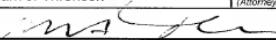
Large Entity Small Entity

Fee Code (\$)	Fee	Fee Code (\$)	Fee	Fee Description
103	18	203	9	Claims in excess of 20
102	80	202	40	Independent claims in excess of 3
104	270	204	135	Multiple dependent claim, if not paid
109	80	209	40	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2) (\$)			0	

** or number previously paid, if greater. For Reissues, see above

3. ADDITIONAL FEES		FEE CALCULATION (continued)	
Large Entity	Small Entity	Fee Code (\$)	Fee
		Fee Code (\$)	Fee
105	130	205	65
127	50	227	25
139	130	139	130
147	2,520	147	2,520
112	920*	112	920*
113	1,840*	113	1,840*
115	110	215	55
116	390	216	195
117	890	217	445
118	1,390	218	695
128	1,890	228	945
119	310	219	155
120	310	220	155
121	270	221	135
138	1,510	138	1,510
140	110	240	55
141	1,240	241	620
142	1,240	242	620
143	440	243	220
144	600	244	300
122	130	122	130
123	50	123	50
126	180	126	180
581	40	581	40
146	710	246	355
149	710	249	355
179	710	279	355
169	900	169	900
Other fee (specify)		Reduced by Basic Filing Fee Paid	
		SUBTOTAL (3) (\$)	
		0	

Complete (if applicable)

Name (print/type)	Mark J. Thronson	Registration No (Attorney/Agent)	33,082	Telephone	202-775-4742
Signature				Date	June 7, 2001